

obstacle to medical reform, is unwarrantable, and not to be endured with patience. Our position, with regard to this institution, is of a different nature from our position with regard to the College of Physicians. We are legally, and to all intents and purposes, surgeons.

If the examiners have tested the candidates as they ought, are the latter unfit to become *real* members of the fraternity?

Upon what do the Council pride themselves as superior men, that general practitioners (as they are called) are unfit to be associated with them? Is it on their knowledge? They have tested us by their own attainments, and signed a deed to certify that we are not wanting. Is it on their practical skill in surgery? We answer, that there are but few operations which are not performed equally well by general practitioners as by pure surgeons. Mr. Lawrence, in 1827, said, "I meet with none better acquainted with disease and its treatment, than those who, after a good education, enjoy large opportunities of observation as general practitioners." It may be as well to remark, that general practitioners, whose diplomas bear date within the last ten years, have received a superior education in comparison with those to whom Mr. Lawrence alluded, and we may therefore safely include nearly all the general practitioners of the present time in his category. When it is considered that surgery in its highest branches, medicine in its intricacies, and the delicate manipulations of the accoucheur, are daily practised with the greatest skill, and to the utmost satisfaction of the public, by these men, shall we any longer submit ourselves to unworthy rulers, or yield to an ignominious banishment?

Let us not, however, take our style from a late Address; contempt and ridicule should not escape our lips—our bearing should be characterized by firmness, not tinged with obstinacy; clothed with dignity, not powdered by vanity. We are evidently now in a position, not to take, but to set, the example.

Let us inquire how far the Council are justified in holding their office.

In section seven of the by-laws of the College of Surgeons, we read, "That no member of the Council whose professional practice is not confined to surgery, shall be elected as a member of the Council." Can the members of the Council make oath that they observe this by-law? I say that the very purest surgeon in existence will prescribe for any internal malady, from a stomach-ach to a fever.

By-law iv., section 7, says, "Every member of the Council shall, prior to his admission, subscribe his name to a copy of the by-laws, and of the ordinances, in testimony of having engaged himself to the observance thereof, and upon his neglect or refusal so to do, his election shall be void."

The intention of this law is evidently that, if any member of the Council shall fail to observe the by-laws, his election shall be void. I say, then, according to their own laws, the Council is a defunct body.

Section viii., law 2.—"Any member of the Council who shall not confine his professional practice to surgery shall be liable to removal from the Council." To whom is this Council amenable? They cannot all expel themselves, yet they are all liable to be expelled.

Section xviii.—"Rights of members." "The College will at all times protect and defend every member who may be disturbed in the exercise and enjoyment of the rights, privileges, exemptions, and immunities acquired by him as a member thereof." It would be very interesting to know what are the rights, privileges, and exemptions we have the power of exercising and enjoying.

Section xxvi., law 2.—"All investments shall be made in the name of the Royal College of Surgeons in London." Of what does this Royal College of Surgeons consist? A Council, fellows, and members. It is a curious anomaly that we, the mass of that College, have not a single voice in the management of those investments which are made in our name.

Since we are driven from the doors of our own legal home, since we are denied a voice in the disbursement of our own funds, the question arises—What are we to do? Whatever we do must be done quickly, with determination, with unanimity. A parliamentary inquiry into the management of the College, as proposed by Mr. Wakley, on the 15th of May, 1845, would go far to bring the foregoing particulars prominently before the public, in a more tangible and enlarged sense, and would fully expose the absurdity of an institution governed by laws to which its rulers are in no way bound, and which they do not observe.

As to the justice, practicability, and public advantage of the one-faculty system of medical government, there cannot be a doubt.

It now remains to show upon what grounds it may plausibly be demanded, and practically carried out.

I believe it has been clearly shown, that the College of Physicians had power to license all persons to practise medicine within a certain jurisdiction; that while having that power, a medical body grew up, and obtained a charter, permitting them to practise quite independently of the College. I believe it has also been clearly shown, that the governing body of the College, as at present constituted, has committed suicide with the very instruments destined to annihilate the bulk of the members. At the present time there is no real distinction between the physician and the apothecary, or the surgeon and the apothecary, except that the apothecary practises both arts, (or, as they are sometimes styled, the science of medicine, and the art of surgery.) The public acknowledge, and the physician and pure surgeon cannot deny, that the apothecary performs his duties with great skill and address. The apothecary, then, clearly is universally acknowledged to be capable of performing all the duties required of the physician, all required of the surgeon, for the community at large. If the pure surgeon be honestly attached to the principles he maintains, he can have but a limited sphere of utility in comparison with the apothecary; ay, so limited, as in such a comparison to be hardly worthy mention: for if the pure surgeons could all be swept off to-morrow, I very much doubt if, in a professional point of view, the country would long have any real cause to regret their departure.

Let me ask the surgeons, let me ask the physicians, with these facts before them, why the former should not admit us on an equality with themselves? why the latter should not recognise us as an integral portion of their body? Have we not all studied under equally competent masters? Have we not all consulted the same authors, ancient and modern? Do we not all read the same journals of science and literature? Where then, I ask, is the intellectual obscurity with which we are taunted, that we cannot avail ourselves of the objects of our inquiries? We are, I say, perpetual students in the theatre of Nature,—we are incessant workers in her laboratory of art.

In the inquiry proposed by Mr. Wakley, we have the elements of all that is good in medical reform: its principles have to be developed, its details canvassed, and I feel convinced that every man who does not exert himself to the utmost in securing an Act of Parliament founded on this basis, will have to regret (if any other measure be adopted) that he has lost a golden opportunity, and will ever be reproached, by the succeeding generations of his calling, with wanton indifference, or a littleness of mind, which could so exalt trifling obstacles into an impregnable barrier between his petty prejudices and an enlightened policy.

Wandsworth, March, 1846.

ON A NEWLY-DISCOVERED CHARACTERISTIC OF ALBUMEN,

WITH PARTICULAR REFERENCE TO THE POSSIBILITY OF ITS BEING
MISTAKEN FOR CASEINE.

By J. UNDERWOOD, Esq., Colchester.

IN Number 24, vol. ii., of THE LANCET for 1845, (new series,) there is an article, by Dr. Ure, upon the potato malady, and to the following paragraph, extracted therefrom, I would beg to call particular attention, as it is very likely to mislead those who are not conversant with the late discoveries in organic chemistry.

"Liebig imagines the essence of the disease to consist in the conversion of the albumine, a usual constituent of healthy potatoes, into caseine—a principle which, by its great instability of composition, is supposed to cause the potato to putrefy rapidly. I have subjected this opinion to the test of experiment. Perfectly sound potatoes, as also diseased ones, were sliced or grated, and separately digested in a very dilute alkaline ley at a blood heat. The infusions, when cool, being filtered and faintly acidulated with dilute acetic acid, afforded respectively a like proportion of caseine-looking flakes. It would thus appear, from this mode of testing, as prescribed by Dumas, in the seventh volume of his 'Traité de Chimie,' that sound potatoes contain as much caseine as unsound."

But I suppose Dumas and Ure, both of them, forget that Mülder, of Amsterdam, some time back, discovered that when either albumen, caseine, or fibrine were dissolved in caustic alkali, these solutions precipitated, upon the addition of a little excess of acid, a substance in appearance identical with caseine, but differing chemically therefrom in being a compound simply

of carbon, hydrogen, nitrogen, and oxygen, while caseine is a compound of carbon, hydrogen, nitrogen, oxygen, and sulphur. To this substance he gives the name of protein, supposing that it is the common fundamental principle of albumen, caseine, and fibrine, which it forms by uniting with certain small quantities of sulphur, or sulphur and phosphorus, and which latter bodies are separated by the alkali, and retained in solution. When the protein is precipitated by an acid, the precipitate obtained therefrom by Ure was not caseine, but the protein of Müllder; or we are justified in supposing this to be the case till Ure or Dumas shall have proved by ultimate analysis that it is not.

There is another test for albumen to which Ure doubtless did, or at any rate ought to have had recourse, though he does not tell us so—that is, the supposed property of all albuminous fluids to coagulate by heat; and were this characteristic universal, it would be a good test; but I find, that when once we have dissolved albumen in caustic alkali, we are enveloped in many difficulties, from which time, perseverance, and experiment only can liberate us. I trust, ere long, to be able to do this; but for the present, I would only state my results as far as they go. I find, that when thus dissolved in certain proportions, it entirely loses the property of coagulating by heat, and that in proportions where it does not lose this property entirely, it does so to a great extent. A quantity of albumen is left in solution after all has been coagulated that heat will render insoluble, and protein is precipitated from this solution upon the addition of a slight excess of acid.

I think, therefore, that until the various properties of albuminous fluids can be fixed by definite laws, the conflicting statements of Liebig and Ure must fall to the ground, and we must seek elsewhere for the grand fundamental cause of that change which has plunged many parts of our own, together with our sister country Ireland, into a state of destitution and want, than in the conversion of the albumen into caseine.

I trust that these remarks will throw the path open for other experiments, and that others will follow it.

High-street, Colchester, March, 1846.

WESTMINSTER MEDICAL SOCIETY.

APRIL 4.—MR. HANCOCK, PRESIDENT.

CASE OF INSANITY OF FIFTEEN YEARS' STANDING, WITH EFFUSION BENEATH THE DURA MATER, AND THE FORMATION OF NEW MEMBRANE.

MR. FISHER related the following case:—

W. P.—, the son of a gentleman of fortune, at the age of eight years, then at Winchester School, received a severe concussion, by the blow of a cricket bat or ball, followed by immediate symptoms of insanity, from which he recovered for a time, but soon after was brought to London, labouring under aberration of mind, and then came under his (Mr. Fisher's) care for the first time. He recovered, and went into Devonshire with his friends, had a relapse, and was placed under private medical care for a period of eight years. He was then brought to town, and again became Mr. Fisher's patient, labouring under the same malady. The history given of him during the eight years was, that he had had occasional attacks of insanity, lasting two, three, four, and five months, with considerable lucid intervals. He was then sent a short distance into the country, for a period of five or six years, and for the last two years and a half, to Messrs. Stilwell's establishment, Hillingdon. It was remarked that each attack increased in duration and violence, and there was generally a lapse of eight or twelve months between them. He was a fine, handsome, healthy, muscular young man; to a common observer, merely weak in intellect, and childish in manner; loquacious, but without delusion; his appetite voracious. He was fond of reading the lighter works of literature; played well at chess, billiards, and whist, and was capable of great bodily exertion, frequently, when in health, walking twenty miles a day. He had a religious turn of mind, would write sermons, and had a most retentive memory. During his insane attacks he would repeat passages from Scripture for many successive hours, and quote poetry. When in health, he was amiable and kind-hearted, and very susceptible of the tender passion.

The premonitory symptoms of each attack were marked by fulness of habit, lowness of spirits, sullen, dogged manner, and loss of appetite; pugnacity, and cruelty to animals, of which, at other times, he was fond. The last insane attack commenced in May, 1845, and continued, with occasional intervals of a few days' tranquillity, until the middle of December, a

period of seven months, when he rapidly recovered, and, from extreme prostration, he resumed his usual fulness of habit.

January 3rd, 1846.—His last illness commenced with a violent pain over the forehead, accompanied by a sense of weight, lowness and depression of spirits. He was cupped, and took calomel, with aperients.

5th.—Vomiting came on, with increased pain in the head. Mustard poultices and blisters were applied to the stomach; and calomel was frequently given, with relief to the sickness. Cold lotions were applied to the head. During this period the mind was perfectly clear.

9th.—He became so drowsy that it was almost impossible to rouse him, and when this was effected, he relapsed immediately into a comatose state. When conscious, he complained of great pain in the head. All his symptoms indicated great congestion of the brain, for which active treatment was resorted to.

13th.—The patient was, in every respect, worse. The right eye turned outwards, and the eyelid dropped down, the will having little power over it; the pupil more dilated than the left, but no paralysis of the muscles of the face.

17th.—The symptoms had all been alleviated by cupping, leeching, and calomel, and he appeared to be doing well.

20th.—The right eye had recovered from its paralytic state, and the pain in the head was much relieved, but coma continued, and he was with difficulty roused to take food and medicine.

23rd.—The mercury appeared to be affecting his gums; the symptoms slightly improved. He could get out of bed without assistance, and knew the persons about him.

26th.—He changed for the worse, became feebler, and slept constantly. He continued slowly to sink, and died on the 30th, at the age of twenty-three, not having been sensible for the last thirty-six hours.

Post-mortem examination, twenty-four hours after death, by Messrs. Stilwell and Fisher.—Upon sawing through the cranium, the instrument perforated the dura mater, and two ounces of blood escaped, which were caught in a glass; upon the removal of the calvarium, the dura mater, the pia mater, and arachnoid, were found highly injected. The whole right hemisphere of the brain had the appearance of a bladder of fluid lying under the dura mater, and from it ten measured ounces of grumous blood, containing a clot and some red blood, escaped. The whole of the brain was then removed, and brought to town with the calvarium, and examined, without minute dissection, by Dr. Marshall Hall, Dr. Sayer, and himself, (Mr. Fisher.) The right hemisphere of the brain was rather less than the left, and its surface was of a deeper colour than usual. The arachnoid could be distinctly traced, from convolution to convolution, over the whole surface of the cerebrum. No effusion had taken place in either of the ventricles. The left corpus striatum, and the left thalamus, were larger than the corresponding parts on the right side. The medullary and cortical substances of cerebrum and cerebellum were well defined and perfectly healthy. It was suggested that the dura mater should be minutely examined by Mr. Lane and Dr. Sayer, and it was taken away by the latter gentleman, Mr. Lane being out of town. It was, without any dissection, examined by Dr. Sayer; and the impression on his mind was, "that the longitudinal sinus was in an abnormal condition; that a gradual separation of the laminae of the dura mater had taken place, to the extent of several inches on the right side of the falx, by which a large pouch had been formed, capable of containing many ounces of venous blood." The membrane was returned the same evening, Feb. 1st; and on the 22nd of March it was very minutely examined, and carefully dissected, by Mr. Hancock, in the presence of Mr. Hird, Dr. Sayer, and Mr. Fisher. The true nature of this membranous pouch then became apparent, and Mr. Hancock gives the following description of the appearances observed:—"The preparation shows a large cyst, formed evidently of adventitious membrane, situated between the layers of arachnoid, and extending the whole length of the right hemisphere of the brain, which has been removed, together with the arachnoid and pia mater. This cyst also extends from the falx major laterally to the portion of the dura mater covering the outer border of the cerebrum. It does not communicate either with the superior or inferior longitudinal sinuses, the former of which has been laid open to prove this fact; neither does it communicate with the lateral sinuses, but appears to be the result of abnormal action. The bones of the cranium are much thinner than natural, at no part being more than a quarter of an inch thick, but in places consisting of merely the two tables: there is an evident bulging of the right parietal